

FACILITY EVALUATION REPORT

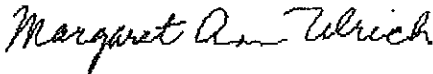
FACILITY NAME:	VETERANS HOME CHULA VISTA	FACILITY NUMBER:	374601005
ADMINISTRATOR:	CAROL BRANSHAW	FACILITY TYPE:	740
ADDRESS:	700 EAST NAPLES COURT	TELEPHONE:	(619) 205-1488
CITY:	CHULA VISTA	STATE:	CA
CAPACITY:	55	ZIP CODE:	91911
TYPE OF VISIT:	Case Management	CENSUS:	19
MET WITH:	Margaret Ulrich, Campus Assistant Administrator	DATE:	06/11/2009
		TIME BEGAN:	08:00 AM
		TIME COMPLETED:	12:00 PM

NARRATIVE

1 Unannounced visit by LPA Karen Smith to conduct a tour of recently completed renovations of two wings in
2 the facility. LPA was escorted by Margaret Ulrich, Campus Assistant Administrator.
3
4 Facility has completed the upgrades to the showers and has received approval by the Fire Inspector
5
6 LPA toured both wings and the rooms within the wings. LPA also received an updated floor plan.
7 Ms Ulrich informed LPA the facility is working on going to individual rooms for most residents.
8 LPA discussed how to change capacity, married resident rooms and the dining arrangements.
9
10 Facility may begin to place residents in all 3 wings as of this date.
11
12 Facility will mail LPA an updated floor plan with the number of residents per room and their ambulatory status.
13
14 Exit interview conducted and a copy of this report was left at the facility.
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SUPERVISOR'S NAME: Haris Dergar**TELEPHONE:** (619) 767-2333**LICENSING EVALUATOR NAME:** Karen Smith**TELEPHONE:** (619) 318-8094**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/11/2009

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 06/11/2009

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT

FACILITY NAME: VETERANS HOME CHULA VISTA
ADMINISTRATOR: CAROL BRANSHAW
ADDRESS: 700 EAST NAPLES COURT
CITY: CHULA VISTA
CAPACITY: 55
TYPE OF VISIT: POC
MET WITH: Assistant Campus Administrator Margaret Ulrich

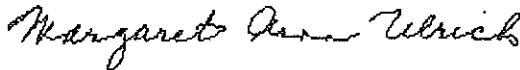
FACILITY NUMBER: 374601005
FACILITY TYPE: 740
TELEPHONE: (619) 205-1488
ZIP CODE: 91911
DATE: 06/11/2009
TIME BEGAN: 08:00 AM
TIME COMPLETED: 12:00 PM

NARRATIVE

1 Unannounced POC visit by LPA Karen Smith. LPA was met by Assistant Campus Administrator Margaret
2 Ulrich. Visit was to review and discuss the POC documents submitted for the April 2009 office meeting.
3
4 All documents were submitted timely and the following items need to be changed or corrected:
5
6 1. Change the Live Scan/ Finger Printing Policy to include the proper way to update association of staff to
7 facility using the LIC 9182, ID and contacting Licensing, at the general office number, to verify they are
8 associated.
9 2. There should be an activity calendar showing activities happening in the RCFE only. Facility may also have
10 additional calendars showing the other activities on the campus.
11 3. Update the facility policy to add that an exception will be requested if someone is identified with Dementia.
12 4. Admission Agreement needs to be updated to agree with the Plan of Operation for the following:
13 Visiting hours and Section F (Transfer & Discharge) #2 & 3. Also, verify visiting hours in the Facility Policy &
14 Procedures match Admission Agreement and Plan of Operation.
15 5. Update Plan of Operation typo in the percentage for acceptance of residents under age 60.
16
17 Exit interview conducted and no deficiencies cited a copy of report was left at the facility.
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SUPERVISOR'S NAME: Haris Dergar**TELEPHONE:** (619) 767-2333**LICENSING EVALUATOR NAME:** Karen Smith**TELEPHONE:** (619) 318-8094**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/11/2009

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ADMINISTRATOR:	CAROL BRANSHAW	FACILITY TYPE:	740
ADDRESS:	700 EAST NAPLES COURT	TELEPHONE:	(619) 205-1488
CITY:	CHULA VISTA	STATE:	CA
CAPACITY:	55	ZIP CODE:	91911
TYPE OF VISIT:	Office	CENSUS:	19
MET WITH:	Regional Manager M. Taylor, LPA's Olga Moreno and Karen Smith and Veterans Home Staff Campus Administrator, Jane Bergman, Assistant Campus Administrator Margaret Ulrich, Administrator Carol Branshaw and Nurse Consultant Cheryl Franzi.	DATE:	04/29/2009
		TIME BEGAN:	01:00 PM
		TIME COMPLETED:	06:15 PM

NARRATIVE

1 This is documentation for the office visit on April 29, 2009 with Regional Manager M. Taylor, LPA's Olga
2 Moreno and Karen Smith and Veterans Home Staff Campus Administrator, Jane Bergman, Assistant Campus
3 Administrator Margaret Ulrich, Administrator Carol Branshaw and Nurse Consultant Cheryl Franzi.
4
5 Regional Manager Taylor conducted introductions. We discussed the facility history, positions and functions,
6 facility mission and objectives, resident requirements, resident placement, changing roles of the staff and
7 visits made to the facility between October 2008 and April 2009. LPA's Smith and Moreno presented the
8 findings for the Case Management and the Complaint visit..
9 Deficiencies were issued per Title 22 Regulations with completion dates of May 15 and 29, 2009.
10
11 Exit interview was conducted and findings and copies of the reports were given to the Administrator.
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SUPERVISOR'S NAME: Haris Dergar

TELEPHONE: (619) 767-2333

LICENSING EVALUATOR NAME: Karen Smith

TELEPHONE: (619) 318-8094


LICENSING EVALUATOR SIGNATURE:



DATE: 06/11/2009

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/11/2009

This report must be available at Child Care and Group Home facilities for public review for 3 years.

SO. CAL SC/RES
7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108



06/11/2009

VETERANS HOME CHULA VISTA
374601005
700 EAST NAPLES COURT
CHULA VISTA, CA 91911 0

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 04/29/2009, have been cleared:

Section Cited: 87208 (a), (a)5	Date Due: 05/29/2009	
Plan of Correction: Facility will review, update and provide complete copy of facility Plan of Operation.	Corrections: Documents brought into the office	Clearance Date: 05/15/2009
Section Cited: 87208	Date Due: 05/15/2009	
Plan of Correction:	Corrections: Documents brought into the office	Clearance Date: 05/15/2009
Section Cited: 87208(a)2	Date Due: 05/15/2009	
Plan of Correction: Facility will up date POO and advise how residents that miss a meal will be fed.	Corrections: Documents brought into the office	Clearance Date: 05/15/2009
(During visits a plan was submitted but was not comprehensive and only addressed snacks)		
Section Cited: 87463(c)	Date Due: 05/15/2009	
Plan of Correction: Facility will issue a memo to staff to advise RCFE building will be used only for RCFE residents.	Corrections: Documents brought into the office	Clearance Date: 05/15/2009

LICENSING EVALUATOR NAME: Karen Smith

TELEPHONE: (619) 318-8094

LICENSING EVALUATOR SIGNATURE:

DATE: 06/11/2009

This report must be available at Child Care and Group Home facilities for public review for 3 years.
Cleared POC Letter (FAS) - (04/05)

Page: 1 of 1

SO. CAL SC/RES
7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108



06/11/2009

VETERANS HOME CHULA VISTA
374601005
700 EAST NAPLES COURT
CHULA VISTA, CA 91911 0

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 04/29/2009, have been cleared:

Section Cited: 87705(f)2	Date Due: 05/15/2009	
Plan of Correction: Facility will conduct an in service for residents to advise they need to keep their doors closed at all times for the safety and well being of all residents.	Corrections: Documents brought into the office	Clearance Date: 05/15/2009
Section Cited: 87405(d)1	Date Due: 05/15/2009	
Plan of Correction: Administrator will issue a memo to advise only medications for RCFE residents will be dispensed in the RCFE building.	Corrections: Documents brought into the office	Clearance Date: 05/15/2009
Section Cited: 87221	Date Due: 05/29/2009	
Plan of Correction: Facility will provide a plan to allow resident council to function without a staff member present.	Corrections: Documents brought into the office	Clearance Date: 05/15/2009
Section Cited: 87219(f)	Date Due: 05/15/2009	
Plan of Correction: Facility will provide a monthly listing of activities that will be held in the RCFE. Residents may also participate in activities that are on campus. Facility will also get suggestions from residents for activities they want in the RCFE. Facility will also investigate a new location for the exercise equipment.	Corrections: Documents brought into the office	Clearance Date: 05/15/2009

LICENSING EVALUATOR NAME: Karen Smith

TELEPHONE: (619) 318-8094

LICENSING EVALUATOR SIGNATURE:

DATE: 06/11/2009

This report must be available at Child Care and Group Home facilities for public review for 3 years.
Cleared POC Letter (FAS) - (04/05)

Page: 1 of 1

SO. CAL SC/RES
7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108



06/11/2009

VETERANS HOME CHULA VISTA
374601005
700 EAST NAPLES COURT
CHULA VISTA, CA 91911 0

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 04/29/2009, have been cleared:

Section Cited: 87405d1-7&I(5)	Date Due: 05/15/2009	
Plan of Correction: Will submit documentation of Administrator & Staff training to LPA by due date. May include training that has been taken since 10.09.09. Training should include but not limited to: Abuse/ Neglect & reporting, Dementia, Effective Communication, Customer service, Resident rights, injury prevention, preventative health.	Corrections: Documents brought into the office	Clearance Date: 05/15/2009
Section Cited: 87464(f)5	Date Due: 05/15/2009	
Plan of Correction: Will provide a plan on how safety of residents will be handled when they go to the hospital or a medical appointment.	Corrections: Documents brought into the office	Clearance Date: 05/15/2009
Section Cited: 87465(a)5	Date Due: 05/15/2009	
Plan of Correction: Will provide to CCL procedure on how medications will be distributed to residents and conduct inservice for staff that dispense medications.	Corrections: Documents brought into the office	Clearance Date: 05/15/2009
Section Cited: 87455	Date Due: 05/15/2009	
Plan of Correction: Will provide a plan to CCL on how Facility will meet the needs of residents that do not eat at regular meal times. Will also provide documentation on how snacks will be available for residents.	Corrections: Documents brought into the office	Clearance Date: 05/15/2009

LICENSING EVALUATOR NAME: Karen Smith

TELEPHONE: (619) 318-8094

LICENSING EVALUATOR SIGNATURE:

DATE: 06/11/2009

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Cleared POC Letter (FAS) - (04/05)

Page: 1 of 1

FACILITY EVALUATION REPORT

FACILITY NAME: VETERANS HOME CHULA VISTA
ADMINISTRATOR: CAROL BRANSHAW
ADDRESS: 700 EAST NAPLES COURT
CITY: CHULA VISTA
CAPACITY: 55
TYPE OF VISIT: Required - 5 Year
MET WITH: Carol Branshaw

STATE: CA
CENSUS: 32
UNANNOUNCED


FACILITY NUMBER: 374601005
FACILITY TYPE: 740
TELEPHONE: (619) 205-1488
ZIP CODE: 91911
DATE: 08/11/2008
TIME BEGAN: 01:00 PM
TIME COMPLETED: 05:00 PM

NARRATIVE

1 LPA Diana Sanchez made an unannounced 5 year visit to the facility today. LPA met with Carol Branshaw,
2 Administrator. The facility was assessed by touring it inside and out. The facility was clean and free from
3 odors. The outside fire exits were clear of clutter. LPA observed and talked to the residents and staff, and
4 inspected for compliance with safety, maintenance, and operational requirements. Reviewed were food
5 service, food supply, toxic substance storage, centrally stored medications and records, staffing, staff training,
6 personal accommodations, as well as staff and resident records.

7
8 The facility currently has 32 residents. Residents were observed; they seem appropriate for the facility and
9 seem to all get along together. Food service and food supply were reviewed. LPA's observed an adequate
10 amount of perishable and non-perishable food. Resident records and centrally stored medication records
11 were complete and up to date. Staff records were reviewed and up to date including training records and
12 AB26/09 medication training.

13
14 The facility appears to be substantial compliance at this time. No deficiencies were cited today. An exit
15 interview as conducted with Administrator Carol Branshaw and a copy of this report was left at the facility.
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SUPERVISOR'S NAME: Haris Dergar**TELEPHONE:** (619) -767-2333**LICENSING EVALUATOR NAME:** Diana Sanchez**TELEPHONE:** (619) 929-7590**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/11/2008

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/11/2008

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT

FACILITY NAME:	VETERANS HOME CHULA VISTA	FACILITY NUMBER:	374601005
ADMINISTRATOR:	CAROL BRANSHAW	FACILITY TYPE:	740
ADDRESS:	700 EAST NAPLES COURT	TELEPHONE:	(619) 205-1488
CITY:	CHULA VISTA	STATE:	CA
CAPACITY:	55	ZIP CODE:	91911
TYPE OF VISIT:	POC	CENSUS:	26
MET WITH:	CAROL BRANSHAW AND MARGARET ULRICH	DATE:	10/09/2008
		UNANNOUNCED	
		TIME BEGAN:	04:30 PM
		TIME COMPLETED:	06:00 PM

NARRATIVE

1 LPA'S KAREN SMITH AND OLGA MORENO MADE AN UNANNOUNCED POC FOR VISIT AND CAROL
2 BRANSHAW, RCFC ADMINISTRATOR AND MARGARET ULRICH, ASSISTANT COMPLEX
3 ADMINISTRATOR.
4
5 LPA'S OBSERVED AT THE END OF THIS VISIT SECTION 87705f2, CARE PERSON WITH DEMENTIA WAS
6 CORRECTED. THE SHED WAS LOCKED AT THE END OF THE DAY..
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SUPERVISOR'S NAME: Haris Dergar

TELEPHONE: (619) 767-2333

LICENSING EVALUATOR NAME: Olga Moreno

TELEPHONE: 760-337-5143

LICENSING EVALUATOR SIGNATURE:



DATE: 10/09/2008

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/09/2008

This report must be available at Child Care and Group Home facilities for public review for 3 years.

6

FACILITY EVALUATION REPORT

FACILITY NAME:	VETERANS HOME CHULA VISTA	FACILITY NUMBER:	374601005
ADMINISTRATOR:	CAROL BRANSHAW	FACILITY TYPE:	740
ADDRESS:	700 EAST NAPLES COURT	TELEPHONE:	(619) 205-1488
CITY:	CHULA VISTA	STATE: CA	ZIP CODE: 91911
CAPACITY:	55	CENSUS: 26	DATE: 10/09/2008
TYPE OF VISIT:	POC	UNANNOUNCED	TIME BEGAN: 11:00 AM
MET WITH:	Carol Branshaw and Margaret Ullrich	TIME COMPLETED:	06:00 PM

NARRATIVE

1 LPA'S KAREN SMITH AND OLGA MORENO MADE AN UNANNOUNCED POC VISIT AND MET WITH
2 ALTHEA GRAY, CNA. CAROL BRANSHAW, RCFE ADMINISTRATOR AND MARGARET ULRISH,
3 ASSISTANT COMPLEX ADMINISTRATOR ARRIVED DURING THE VISIT.
4
5 LPA'S OBSERVED SECTION 87705e CARE PERSON WITH DEMENTIA , WATER IN THE FOUNTAIN HAD
6 BEEN DRAINED DURING THIS POC VISIT.
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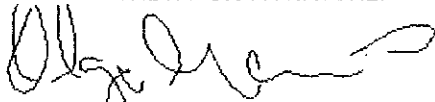
SUPERVISOR'S NAME: Haris Dergar

TELEPHONE: (619) 767-2333

LICENSING EVALUATOR NAME: Olga Moreno

TELEPHONE: 760-337-5143

LICENSING EVALUATOR SIGNATURE:



DATE: 10/09/2008

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/09/2008

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FACILITY EVALUATION REPORT

FACILITY NAME:	VETERANS HOME CHULA VISTA	FACILITY NUMBER:	374601005
ADMINISTRATOR:	CAROL BRANSHAW	FACILITY TYPE:	740
ADDRESS:	700 EAST NAPLES COURT	TELEPHONE:	(619) 205-1488
CITY:	CHULA VISTA	STATE:	CA
CAPACITY:	55	CENSUS:	26
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED	
MET WITH:	Carol Branshaw, Administrator RCFE & Margaret Ulrich, Asst Complex Administrator	DATE:	10/09/2008
		TIME BEGAN:	11:00 AM
		TIME COMPLETED:	05:45 PM

NARRATIVE

1 Unannounced visit by LPAs K. Smith and O. Moreno for the purpose of a case management while also
2 conducting a complaint visit.
3
4 During visit LPAs toured facility, and interviewed staff.
5
6 During visit LPA's requested LIC 500 that separates out the 3 programs (RCFE, Skilled & Independent) due
7 9-10-08, LIC610E due 9-10-08 and an update to the Licensing list to remove any staff that are no longer
8 working at the facilities and add any employees that are not listed by utilizing the correct forms due 9-10-08,
9 updated admission agreement and Dementia program and a resident roster due 11-10-08.
10
11 LPA Moreno also toured inside the closed section of the building where it is being renovated.
12 LPA's were told it was a 2 year project and it would encompass the entire complex. It should take about 40
13 days per wing to complete.
14
15 When LPA's first arrived, they entered through the outside gate and LPA Smith checked the storage shed that
16 was sited on the last visit for having chemicals. When LPA's arrived at the shed, it had a bulldog clip on the
17 opening and there were still chemicals accessible to residents. A civil penalty will be issued as this is the 2nd
18 time in a 12 month period that the same section has been cited. Initial citation was issued 9-11-08.
19
20 Deficiency will be cited per Title 22 Regulation Div 6 Sec 8
21
22 Exit interview conducted.
23
24
25

SUPERVISOR'S NAME: Haris Dergar

TELEPHONE: (619) 767-2333

LICENSING EVALUATOR NAME: Karen Smith

TELEPHONE: (619) 308-8094

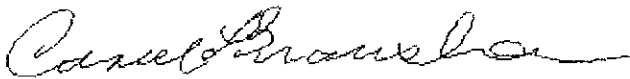
LICENSING EVALUATOR SIGNATURE:



DATE: 10/09/2008

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FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/09/2008

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT (Cont)FACILITY NAME: VETERANS HOME CHULA VISTA
DEFICIENCY INFORMATION FOR THIS PAGE:FACILITY NUMBER: 374601005
VISIT DATE: 10/09/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 10/09/2008 Section Cited 87705f2	1 CARE OF PERSONS WITH DEMENTIA - (f) The 2 following shall be stored inaccessible to residents 3 with dementia: (2)... toxic substances There were 4 toxic items in an unlocked shed that were 5 accessible to residents 6 7	1 Administrator had the shed locked. 2 Corrected during visit 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Haris Dergar

TELEPHONE: (619) 767-2333

LICENSING EVALUATOR NAME: Karen Smith

TELEPHONE: (619) 308-8094

LICENSING EVALUATOR SIGNATURE:

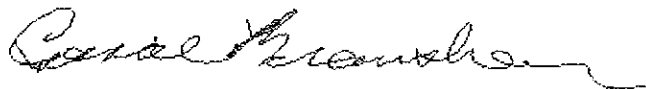
DATE: 10/09/2008



I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/09/2008



LICENSEE/APPEAL RIGHTS

Facility Name: VETERANS HOME CHULA VISTA

Facility Number: 374601005

Site Visit Rights

1. The right to require licensing staff to identify themselves.
2. The right to be advised of the type of visit, whether renewal, complaint, plan of correction (POC), pre-licensing, or some other type. When a site visit is made to investigate a complaint, the site visit rights described in subsections (4) and (9) shall be applicable at the completion of the investigation.
3. The right to be treated as a professional and with dignity and respect.
4. The right to receive an accurate report of the evaluator's findings listing each observed deficiency. Each deficiency shall be separately numbered, so as to clearly indicate the number of deficiencies, shall be accompanied by a number which corresponds to a section of law or licensing regulation, and shall include a description of the evaluator's observation which led to the finding of a deficiency. The description of the evaluator's observation shall include a clear explanation of why the existing condition constitutes a deficiency, unless the description of the observation provided such an explanation.
5. The right to review licensing laws, regulations and policy.
6. The right to an impartial investigation of all complaints.
7. The right, at the time of the visit, to determine and develop a plan of correction for deficiencies cited.
8. The right to use licensing reports as a means to agree or disagree with cited deficiencies.
9. The right to an exit interview upon completion of the visit and to receive a signed copy of the licensing report.
10. The right to be informed on the licensing report of the evaluator's supervisor and his/her telephone number.
11. The right to access to the public file on any facility and the right to purchase a copy at a reasonable cost.

Initial Appeal Rights

1. The right, without prejudice, to appeal any decision, any failure to act according to law or regulation, or any failure to act within any specified timeline, through the licensing agency up to the Deputy Director. Appeal procedures are on the following form.
2. The right to request a meeting with district office administrators to discuss any licensing issue and with notice to bring any person to the meeting.
3. The right to due process and the option of bring a representative to any administrative action.
4. The right to file a formal complaint, and receive a written response to that complaint within 30 days, for any licensing issue not covered by the appeal rights listed above, but not limited to, inappropriate behavior of department employees.

LICENSEE/APPEAL RIGHTS (Cont)

Facility Name: VETERANS HOME CHULA VISTA

Facility Number: 374601005

APPEAL PROCEDURES FOR APPLICANTS/LICENSEES

One of your rights, as an applicant or licensee, is to file an appeal if you disagree with an action taken by the licensing agency. There are certain steps you must follow in order to ensure your concerns are heard

WHEN CAN YOU APPEAL?

If you disagree with a citation

If you have been assessed a civil penalty

If your application is denied or action is being taken to revoke your license

WHAT ARE THE LEVELS OF APPEAL?

Although there can be four levels of formal appeal of a licensing decision, you must start at the first level. This is to encourage review of your appeal as quickly as possible and to ensure that the decisions of licensing staff are reviewed by the appropriate supervisor. Any appeal made to the next level should include a clear explanation provided by you, the appeal review will be limited to the documents on which earlier decisions were based. Levels of appeal are as follows:

1. The Licensing Program Supervisor (LPS) or county equivalent.
2. The District Manager (DM) or county equivalent.
3. The Regional Manager (RM).
4. The Deputy Director, Community Care Licensing Division

HOW AND WHEN DO YOU APPEAL?

If you disagree with a citation or penalty, file your appeal, with the Supervisor listed on the licensing report, in writing, within 10 days from the date you received the report or penalty assessment notice.

If you disagree with the decision made by the LPS, the second level of appeal must be made to the District Manager. The request for review must be made in writing after you receive the written decision from the LPS.

If you disagree with the decision made by the DM, the third level of appeal must be made to the Regional Manager. The request for review must be made in writing after you receive the decision made by the DM.

If you disagree with the decision made by the RM, the fourth level of appeal must be made to the Deputy Director. The request for review must be made in writing after you receive the decision made by the RM.

For denied application, follow the appeal instructions on the letter you were sent. For actions to suspend or revoke a license, follow the appeal instructions in the material served upon you by mail or in person.

COMPLAINT INVESTIGATION REPORTSan Diego Res., 7575 Metropolitan Dr, Ste 109
San Diego, CA 92108

This is an official report of an unannounced visit/investigation of a complaint received in our office on
10/09/2008 and conducted by Evaluator Karen Smith

COMPLAINT CONTROL NUMBER: 08-SC-20081009100827

FACILITY NAME:	VETERANS HOME CHULA VISTA	FACILITY NUMBER:	374601005
ADMINISTRATOR:	CAROL BRANSHAW	FACILITY TYPE:	740
ADDRESS:	700 EAST NAPLES COURT	TELEPHONE:	(619) 205-1488
CITY:	CHULA VISTA	STATE:	91911
CAPACITY:	55	CENSUS:	26
		UNANNOUNCED	
MET WITH:	Carol Branshaw, Administrator RCFE & Margaret Ulrich, Asst Complex Administrator	DATE:	10/09/2008
		TIME VISIT BEGAN:	11:30 AM
		TIME COMPLETED:	05:45 PM

ALLEGATION(S):

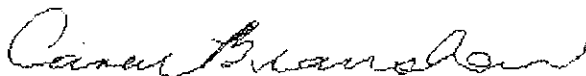
- 1 Administrator Qualifications
- 2
- 3
- 4
- 5
- 6
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- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPA's Karen Smith and Olga Moreno made unannounced visit for the purpose of conducting a complaint visit.
- 2 LPA's toured the facility and talked with Carol Branshaw, Administrator RCFE & Margaret Ulrich, Asst Complex Administrator to discuss complaint issues and operational issues.
- 3
- 4
- 5 LPA's started interviewing staff & reviewing staff records.
- 6
- 7 Investigation is not complete and will be continued at which time, deficiencies will be issued if warranted
- 8
- 9 Exit interview conducted.
- 10
- 11
- 12
- 13

Needs Further Investigation**Estimated Days of Completion: 15****SUPERVISOR'S NAME:** Haris Dergar**TELEPHONE:** (619) 767-2333**LICENSING EVALUATOR NAME:** Karen Smith**TELEPHONE:** (619) 308-8094**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/09/2008

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/09/2008

This report must be available at Child Care and Group Home facilities for public review for 3 years.

**INSTRUCTIONS FOR COMPLETING THE FACILITY
CIVIL PENALTY ASSESSMENT FORM FOR LICENSED FACILITIES**

EXPLANATION TO LICENSEE

A visit was conducted at the above facility by a Licensing Evaluator. During that visit one or more violations of the licensing statutes and regulations were identified. A Facility Evaluation Report (LIC 809) was issued establishing the dates by which corrections must have been made.

Since you have failed to make all of the required corrections, you must pay the civil penalty described on page one of this form until you have confirmed to the satisfaction of the California Department of Social Services that each of the violations has been corrected.

IT IS YOUR RESPONSIBILITY to notify the licensing agency in writing or by the telephone when the required corrections have been made. If you wish to request a review of the Civil Penalty Assessment, contact the designated reviewer in writing at the licensing office within 10 days.

Payment is due when billed and the check(s) shall be made payable to the "California Department of Social Services". Please write the facility number and invoice number on your check.

DO NOT SEND CASH.

NOTE: Civil penalties may be imposed in addition to the penalties of suspension or revocation as provided in the California Health and Safety Code Sections 1548, 1568.0822, 1569.49, and 1596.99. In addition to the imposition of civil penalties, the California Health and Safety Code Sections 1550, 1569.50 and 1596.885 also authorizes the suspension or revocation of a license based on licensing violations.

APPEAL RIGHTS

The applicant/licensee has a right without prejudice to discuss any disagreement concerning the proper application of licensing laws and regulations, with the licensing agency. When civil penalties are involved, the licensee may request a formal review by the licensing agency to amend, extend the due date, or to dismiss the penalty. Requests for civil penalty appeal must be in writing, must be postmarked within 10 days of receipt of this form, and must be addressed to the District Office of jurisdiction over the facility. The agency has a duty to review the facts presented without prejudice, within a 10-day period. Upon review of the facts upon which the appeal is based, the agency may amend any portion of the action taken, or may dismiss the violation. The licensing agency review of an appeal may be conducted based upon information provided in writing by the licensee. The licensee may request an office interview to provide additional information. The licensee will be notified in writing of the results of the agency review.

CIVIL PENALTY ASSESSMENT

FACILITY NAME VETERANS HOME CHULA VISTA	DATE 10/09/2008
FACILITY ADDRESS 700 EAST NAPLES COURT	CITY CHULA VISTA
STATE CA	ZIP CODE 91911
LICENSEE(S)/OPERATOR VETERANS HOME OF CALIFORNIA - CHULA VISTA	FACILITY NUMBER 374601005

LICENSED FACILITY

Civil penalties can be assessed against any facility which fails to take corrective action within prescribed time periods, per California Health and Safety Code Sections 1548, 1568.0822, 1569.49, and 1569.99. You are hereby notified that a civil penalty has been assessed.

The above facility has been found in violation of the California Code of Regulations, Title 22, Divisions 6, and/or 12, Section(s) 87705f2 and/or California Health and Safety Code, Chapters 3, 3.01, 3.2, 3.4, and 3.5 Section(s)

A Facility Evaluation Report (LIC 809) was issued on **10/09/2008** giving notice that failure to correct the above violation(s) would result in a civil penalty.

Because you failed to make the corrections specified on the LIC 809, a civil penalty of **\$0.00** is assessed for the period from through .

- x A civil penalty of \$50 per violation per day, up to a maximum of \$150 per day will be assessed. This will continue until correction(s) are made to comply with the licensing laws, regulations, and approval of the California Department of Social Services or authorized licensing agency.

x Because you repeated a violation of the same subsection within a 12 month period, an immediate civil penalty of **\$150.00** is assessed for **10/09/2008**, the day the deficiency was cited.

x All Facility Types: **Second citation** within a 12 month period; an immediate civil penalty of \$150 per violation then \$50 per day per violation until corrections are made.

x Residential Care Facility for the Elderly (RCFE), Residential Care Facility for the Chronically ILL (RCF-CI):
Third citation within 12 month period; an immediate civil penalty of \$1,000 per violation then \$100 per day per violation until corrections are made.

x Family Child Care Homes (FCCH), Child Care Centers (CCC), Community Care Facility (CCF):
Third citation within 12 month period; an immediate civil penalty of \$150 per violation then \$150 per day per violation until corrections are made.

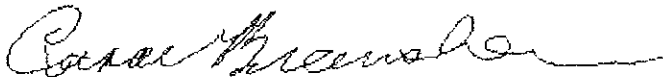
x Violations which result in injury, sickness, or death An immediate civil penalty of \$150 per violation and then \$150 per day per violation until corrections are made.

YOU WILL RECEIVE A BILL IN THE MAIL. DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR BILL!

NAME OF LICENSING PROGRAM ANALYST Karen Smith
SIGNATURE OF LICENSING PROGRAM ANALYST



NAME OF FACILITY REPRESENTATIVE/TITLE
SIGNATURE OF FACILITY REPRESENTATIVE



SUPERVISOR REVIEW SIGNATURE (FOR INTERNAL USE ONLY)

DATE 10/09/2008

TITLE